

North Carolina DHHS Initiatives **Relevant to LTC Planning Activities**

Aging and Disability Resource Center Grant	
Counties Impacted	Forsyth and Surry Counties
Brief Description	The Aging and Disability Resource Center Grant Program, a cooperative effort of the Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services (CMS), was developed to assist states in their efforts to create a single, coordinated system of information and access for all persons seeking long-term support to minimize confusion, enhance individual choice, and enable informed decision-making.
Timeframe	3 year project, starting July 1, 2004
Contact Information	Heather Burkhardt, NC Division of Aging and Adult Services (DAAS), (919) 733-0440 or heather.burkhardt@ncmail.net
Other Important Information	NC Division of Aging and Adult Services (DAAS) is working out the details of the project at the local-level.

Better Jobs/Better Care Grant (BJBC)	
Counties Impacted	n/a
Brief Description	<p>North Carolina is one of five state-based coalitions funded nationally to receive a Better Jobs/Better Care demonstration grant funded by the Robert Wood Johnson Foundation and Atlantic Philanthropies. The NC-DHHS is a key Partner to the North Carolina effort. For a complete listing of Partner Team organizations, see: www.dhhs.state.nc.us/ltc/synopsisdemogrant.htm</p> <p>The North Carolina demonstration is to develop, pilot, and implement a uniform set of expectations and criteria for statewide use, on a voluntary basis, across home care, adult care homes, and nursing facilities resulting in a special licensure designation for entities that meet the voluntary criteria. Expectations will address topics such as: staff empowerment, coaching supervision, peer mentoring, orientation, management support, reward and recognition, balanced workloads, training, and career opportunities.</p>
Timeframe	July 1, 2003 – December 2006
Contact Information	Susan Harmuth, NC Office of Long-Term Care, (919) 733-4534 or Susan.Harmuth@ncmail.net
Other Important Information	

Communications and Coordination Initiative to Strengthen LTC Services	
Counties Impacted	Mecklenburg and New Hanover
Brief Description	The DHHS Long-Term Care Cabinet selected Mecklenburg and New Hanover Counties to participate in an initiative designed to strengthen local services to meet LTC needs of older and disabled adults and their families. The project's name—A Communications and Coordination Initiative to Strengthen LTC Services—captures its basic objectives. All DHHS Divisions with LTC responsibilities provide assistance and guidance to help local planning teams in Mecklenburg and New Hanover Counties to pilot a year-long process that other communities can use in the future. The initiative is designed to improve the exchange of information and ideas between local and state interests to help address barriers to the effective delivery of LTC services. It is also helping to strengthen consumer participation in local LTC planning and foster innovative approaches to meeting local LTC needs. For more information, see http://www.dhhs.state.nc.us/ltc/localplanning.htm#A
Timeframe	July 1, 2003 – December 2004
Contact Information	Julie Bell, NC Division of Aging and Adult Services, (919) 733-8400 or Julie.Bell@ncmail.net
Other Important Information	A set of tools have been developed to help communities assess their core LTC services. Several additional counties are using these tools, including Rowan and a project in Cleveland and Lincoln counties. A Planning Basics Notebook has also been developed to aid local planning and coordination efforts.

C-PASS (Community-Integrated Personal Assistance Services and Supports)	
Counties Impacted	Durham, Johnston, Lee, Mecklenburg, Orange, and Wake
Brief Description	Activities of the C-PASS grant include conducting a legislative/rules analysis to determine barriers and supports for consumer-directed care within state programs and policies. In addition, C-PASS will support the above counties in conducting local assessments regarding the extent to which the community is ready for and supportive of consumer-directed care.
Timeframe	October 2002 – September 2005
Contact Information	Ann Eller, NC Division of Mental Health/Developmental Disabilities/Substance Abuse Services, (919) 733-7011 or Ann.Eller@ncmail.net
Other Important Information	

Cross Country Transit Project	
Counties Impacted	See website for information.
Brief Description	North Carolina's web-based "Cross Country Transit Project" allows users to coordinate non-emergency medical transportation trips across county lines to regional health care facilities. The purpose of this project is to strengthen and improve regional transportation coordination efforts in a cost-effective and customer-oriented manner while increasing the efficiency of local transportation systems. A website is available at www.cctransit.org that allows local transportation systems to coordinate services.
Timeframe	First project began in 1997 and activities continue today.
Contact Information	Kathy McGehee, DHHS Transportation Program Administrator, (919) 733-4534 or Kathy.McGehee@ncmail.net In addition, local contact information can be found on the project's website.
Other Important Information	

Doing It My Way	
Counties Impacted	To Be Announced
Brief Description	To purpose of the Doing It My Way project is to enhance the quality of life for aging adults with intellectual and other developmental disabilities by promoting promising practices that address key later life issues in the context of family and community. Key later life issues include self direction, leisure and wellness, financial and legal, living arrangements and supports, health care, and end of life.
Timeframe	3 years
Contact Information	Melissa Schwartz, NC Council for Developmental Disabilities (919) 420-7901 or Melissa.Schwartz@ncmail.net http://www.nc-ddc.org
Other Important Information	

Food Stamp Outreach/Access Project	
Counties Impacted	Anson, Iredell, Mecklenburg, and Rowan Counties
Brief Description	This project is implementing different approaches to determine the most cost-effective methods to increase food stamp participation of eligible older adults.
Timeframe	October 2002 – September 2004
Contact Information	Harold Berdiansky, NC Division of Aging and Adult Services 919-733-8400 or Harold.Berdiansky@ncmail.net

	Lisa Martinez, Centralina COG Area Agency on Aging, 704-372-2416
Other Important Information	

NC Discharge Planning Work Group	
Counties Impacted	Ultimately, all counties will be impacted
Brief Description	<p>National data suggest that up to 60% of persons experiencing homelessness have already been involved with a publicly funded residential program. The NC Interagency Council for Coordinating Homeless Programs (ICCHP) is interested in exploring improved discharge planning as a mechanism for homelessness prevention.</p> <p>Agencies participating in the Discharge Planning Work Group include DHHS (Foster Care, Medicaid, MH/DD/SAS, Schools for the Deaf and Blind), DOC (Division of Prisons and Division of Community Corrections), and the Department of Juvenile Justice and Delinquency Prevention. In addition to these state agencies, the Work Group has participation from the VA Medical Centers, the NC Jail Administrators Association, and the NC Hospital Association.</p>
Timeframe	The workgroup will make preliminary recommendations by the end of summer 2004
Contact Information	Martha Are, Homeless Policy Specialist, DHHS, (919) 733-4534 or Martha.Are@ncmail.net
Other Important Information	

NC Homeless Management Information System (HMIS) Collaborative	
Counties Impacted	<p>Statewide-collaborative project:</p> <p>East - Edgecombe, Nash, Onslow, New Hanover, Pender, Brunswick, Pitt, and Scotland</p> <p>Central – Alamance, Cabarrus, Forsyth, Guilford, and Randolph</p> <p>West – Buncombe, Cleveland, Iredell, Yadkin, Henderson, Rowan, Swain, Cherokee, Macon, Clay, Graham, Haywood, and Jackson</p> <p>They are expecting other counties to join in the next year.</p>
Brief Description	Homeless Management Information Systems (HMIS) are centralized databases that allow for unduplicated counts of persons served by homeless programs as well as the flow of

	<p>individuals and families who access services and the types of services provided. HMIS can evaluate the effectiveness of homeless programs and <i>can also help provide critical data for policy development.</i></p> <p>The NC Interagency Council for Coordinating Homeless Programs (ICCHP) identified a NC HMIS Collaborative Project as one opportunity for a cooperative effort that can assist in meeting the needs of homeless residents of North Carolina by providing support to the agencies providing homeless services. To that end the ICCHP extended an invitation to all known homeless service agencies, inviting them to join together and form a statewide HMIS Collaborative. In response to that invitation, there now exists a NC HMIS Collaborative, an association of homeless services agencies, as well as some service and housing agencies with a broader scope than homelessness, who are partnering for the purpose of implementing a single-vendor HMIS that will facilitate compliance with all HUD requirements related to HMIS.</p> <p>During initial stages of development the Collaborative is being coordinated by the ICCHP, but it is the intent of the ICCHP to facilitate, not to administer or implement the Collaborative. Instead, participants in the Collaborative are making decisions about protocols, software, and selection of a Lead Agency. The Collaborative Steering Committee would continue to function as an HMIS Project Advisory Board for the Lead Agency.</p>
Timeframe	Ongoing
Contact Information	Martha Are, Homeless Policy Specialist, DHHS, (919) 733-4534 or Martha.Are@ncmail.net
Other Important Information	Some counties have already moved forward with their own independent HMIS solution. They include Wake, Durham, Cumberland, Catwaba, Gaston, and a NW multi-county coalition that includes Ashe, Avery, Alleghany, Mitchell, Watauga, Wilkes, and Yancey.

NC Medicaid Infrastructure Grant (MIG) Project	
Counties Impacted	All 100 NC counties
Brief Description	In December 2003 the Division of Medical Assistance submitted changes to its State Plan to the Centers for Medicare and Medicaid Services (CMS) to provide Personal Assistance Services to support competitive employment for individuals with disabilities. On acceptance of these changes CMS awarded NCDVRS, in partnership with DMA, \$2 million for a four-year planning grant to develop NC's Medicaid infrastructure. Goals of this grant are to 1) increase personal assistance services to

	support competitive employment, 2) develop a Medicaid buy-in for workers with disabilities, and 3) to increase the participation of SSI recipients in the SSI work incentives.
Timeframe	This project is funded through 2007
Contact Information	Anna Johnston, NC Division of Vocational Rehabilitation Services, (919) 855-3563 or Anna.Johnston@ncmail.net
Other Important Information	

NC Plan to End Homelessness	
Counties Impacted	All counties will be impacted by this project. However, following both state and national initiatives, there are some communities that have moved forward with creating their own local 10 Year Plans. These communities include Asheville/Buncombe, Winston-Salem/Forsyth, Gastonia, Henderson, Raleigh/Wake, and Durham City/Durham County. Other communities are expecting to endorse 10 Year Plans within the next year.
Brief Description	<p>The NC Council for Coordinating Homeless Programs (ICCHP) is in the process of developing a 10 Year Plan to End Homelessness in North Carolina. Council members include representatives from state agencies (Correction, DHHS, DJJDP, Commerce, Housing Finance Agency, Community Colleges, Administration, Planning, and Public Instruction) as well as six legislators, two local government officials, 6 nonprofits, one formerly homeless person, one private sector representative, and a housing authority representative.</p> <p>The performance based, research driven Plan will include strategies for homelessness prevention and intervention.</p>
Timeframe	The Council intends to have a draft of the NC 10 Year Plan to End Homelessness available for public comment by the end of the summer. The Plan will be a working document that will be revised as new information is made available over the next 10 years.
Contact Information	Martha Are, Homeless Policy Specialist, DHHS, (919) 733-4534 or Martha.Are@ncmail.net
Other Important Information	

Nursing Facility Transitions Grant	
Counties Impacted	<i>Current</i> Independent Living Rehabilitation Programs (ILRPs) active under the grant: Albemarle, Asheville, Charlotte, Greensboro, Rocky Mount, and Winston Salem. These ILRPs serve 34 counties (Alamance, Anson, Buncombe, Cabarrus, Caswell, Davidson, Davie, Edgecombe, Forsyth, Gaston,

	<p>Guilford, Halifax, Henderson, Hertford, Madison, Martin, McDowell, Mecklenburg, Montgomery, Nash, Northampton, Polk, Randolph, Richmond, Rockingham, Rowan, Rutherford, Stanly, Stokes, Surry, Transylvania, Union, Wilson, and Yadkin).</p> <p>ILRPs that will become <i>active in July 2004</i>: Durham, Fayetteville, and Raleigh. These ILRPs serve 19 counties (Bladen, Chatham, Cumberland, Durham, Franklin, Granville, Harnett, Hoke, Johnston, Lee, Moore, Orange, Person, Robeson, Sampson, Scotland, Vance, Wake, and Warren).</p>
Brief Description	The grant's goals are to design and implement a program to transition nursing facility residents with disabilities who want to live outside an institutional setting as well as to build the necessary infrastructure and capacity statewide to sustain transition efforts beyond the three-year grant period. The five key objectives of the NCNFTG are: raising awareness of community options for independent living, determining methods for identifying candidates for transition, providing transition services for between 80 to 100 nursing facility residents, strengthening the Independent Living Rehabilitation Program (ILRP) and community partners by improving the network of available resources, and evaluating the costs and benefits while creating a plan for sustaining transitions indefinitely.
Timeframe	Additional ILRP offices will be added at 6-month intervals until the project is active in all 16 ILRP offices, serving all 100 counties in North Carolina.
Contact Information	Michael Howard, Transitions Services Manager, NC Division of Vocational Rehabilitation, (919) 855-3543 or Michael.Howard@ncmail.net
Other Important Information	You can also contact your local ILRP office for more information.

Partners in Wellness	
Counties Impacted	Alamance, Alexander, Ashe, Avery, Beaufort, Brunswick, Burke, Caldwell, Caswell, Catawba, Chatham, Chowan, Currituck, Duplin, Greene, Henderson, Johnston, Jones, Lee, Macon, Martin, Moore, Pasquotank, Person, Perquimans, Polk, Randolph, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stokes, Surry, Swain, Transylvania, Tyrrell, Watauga, Wayne, and Wilkes.
Brief Description	Partners in Wellness uses interactive nutrition education programs to improve the dietary intake and reduce the risk of malnutrition of congregate nutrition program participants.
Timeframe	October 2003 – September 2004
Contact Information	Audrey Edmisten, NC Division of Aging and Adult Services

	(919) 733-0440 or Audrey.Edmisten@ncmail.net
Other Important Information	

Performance Outcomes Measures Project (POMP)	
Counties Impacted	The transportation and caregiver support surveys were random statewide surveys; the Information and Assistance survey was piloted in Forsyth and Johnston counties; regional pilots were conducted in Regions I and N for nutrition and caregiver support services.
Brief Description	POMP is a national demonstration project sponsored by the Administration on Aging to develop and field-test performance measures for programs funded under the Older Americans Act. Surveys have been developed to collect information in such areas as transportation and nutrition services, information and assistance, and caregiver support services. More information on the project and tools are available at http://www.gpra.net/
Timeframe	The grants are for one federal fiscal year. Currently the Administration on Aging is conducting POMP 5. The NC Division of Aging and Adult Services has been funded to participate in the last four projects.
Contact Information	Phyllis Stewart, NC Division of Aging and Adult Services (DAAS), 919-733-0440 or Phyllis.Stewart@ncmail.net
Other Important Information	<p>DAAS partnered with two AAAs to conduct several pilot tests:</p> <ol style="list-style-type: none"> 1. Lumber River AAA (Jennifer Hall or Brad Allen at 910-618-5533); and 2. Northwest Piedmont AAA (Jessalyn Bridges or Dean Burgess at 336-761-2111). <p>Two county I&A providers assisted with a pilot test of the I&A survey:</p> <ol style="list-style-type: none"> 1. Senior Services, Inc., Forsyth County (Jan Libke or Elaine Patterson at 336-725-0907); and 2. Johnston County Council on Aging (Donna Creech at 919-934-6066). <p>In the current year, the Division is partnering with two more AAAs to develop and test a new tool for surveying senior center participants:</p> <ol style="list-style-type: none"> 1. Isothermal Planning & Development Commission (Diane Padgett at 828-287-2281); and 2. Cape Fear AAA (Melissa Richardson or Jane Jones at 252-395-4553).

Project C.A.R.E. (Caregivers Running on Empty)	
Counties Impacted	Forsyth, Henderson, Mecklenburg, Polk, Rutherford, and Transylvania
Brief Description	Project C.A.R.E. is a demonstration project funded by the Administration on Aging to improve the quality, access, choice, and use of respite services for families caring for individuals with Alzheimer's disease or related dementia in the community. The program provides immediate financial assistance for respite care, as well as professional consultation in flexibly customizing use of available funds for each family. The Family Consultant or Caregiver Specialist meets with the family caregiver to assess needs and to help determine the most appropriate type of respite care. There is additional assistance in locating an appropriate and acceptable local provider. In rural mountain counties and urban Forsyth county, the Alzheimer's Association then enters into an agreement with the family and provider agency in which the provider bills Association for up to \$2,000 of respite care services per fiscal year per family.
Timeframe	October 2001 – October 2004
Contact Information	<p>Karisa Derence, NC Division of Aging and Adult Services, (919) 733-0440 or Karisa.Derence@ncmail.net</p> <p>Wilhelmenia L. Pledger, Family Consultant, Project C.A.R.E., Alzheimer's Association – Western Carolina Chapter, (336) 725-3085 wilhelmenia.pledger@alz</p> <p>Barbara Hinshaw, Regional Program Director, Alzheimer's Association – Western Carolina Chapter, (828) 254-7363, barbara.hinshaw@alz.org</p> <p>Len J. Erker, Family Consultant, Project C.A.R.E., Alzheimer's Association – Western Carolina Chapter, (828) 254-7363, len.erker@alz.org</p> <p>Joe Connolly, Regional Director, Alzheimer's Association - Western Carolina Chapter, (828) 254-7363, joe.connolly@alz.org</p> <p>Marsha S. Ghent, Caregiver Support Specialist, Mecklenburg County DSS, (704) 336-4873, ghentms@co.mecklenburg.nc.us Fax: 704-336-7965</p>
Other Important Information	Consultation and service referral are offered to families even if they do not enroll in Project C.A.R.E. In addition to the 251 families who have benefited directly from respite support, there

	<p>were 237 additional family consultations offered by the Alzheimer's Association Family Consultants and the Mecklenburg Caregiver Specialist under Project C.A.R.E.</p> <p>The emphasis on consumer direction in family caregiving decisions such as the choice of service provider, service timing, budget planning, and type of respite is as essential as the direct financial support that makes "consumer direction" a meaningful concept.</p>
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Real Choice Systems Change Grant	
Counties Impacted	Statewide unless otherwise noted
Brief Description	<ul style="list-style-type: none"> • Development of a model for consumer directed care for aide type services administered by the Department of Health and Human Services <ul style="list-style-type: none"> ○ A framework has been developed and several pilot projects are already underway. Two CAP-DA pilots have been selected but will not implement consumer direction until fall of 2004 (Duplin, Cabarrus) ○ Counties impacted by pilots already underway include: Wake, Cabarrus, New Hanover, Henderson and Buncombe. • Public Education and Recruitment Campaign pertaining to Direct Care Workers in long-term care related settings <ul style="list-style-type: none"> ○ Developed posters, recruitment packets, TV ads for distribution to Community colleges, job link centers, employment security commission offices, work first, etc. for purposes of providing information about current shortages and growing demand for direct care workers in long-term care related settings. ○ Developed TV's ads, developing a short video, flyers, etc. to increase visibility of the important role played by this workforce in delivery of long term care among the general public • Training and Career Advancement <ul style="list-style-type: none"> ○ Development of two new state recognized job categories for direct care workers. Anticipate a summer/fall 2005 implementation date for both categories. ○ Medication Aides (being developed through collaborative effort of DHHS and NC Board of Nursing)—the curriculum for this category has been completed and will be piloted this summer. Faculty qualifications have been developed and

	<p>registry/competency requirements must also be developed.</p> <ul style="list-style-type: none"> ○ Geriatric Nurse Aides – draft curriculum to be completed by summer 2004. Competency and registry requirements must also be developed. ○ Train-the-trainer sessions have been conducted over the past two years to develop a cadre of trained instructors to teach the coaching supervision curricula for supervisors of direct care workers developed by the Paraprofessional Healthcare Institute. By June 30, 2004, NC will have 18 qualified instructors to teach this course. The Office of Long Term Care will maintain the list of qualified instructors. <ul style="list-style-type: none"> ● Establish a Statewide Association for Direct Care Workers <ul style="list-style-type: none"> ○ The Direct Care Workers Association of North Carolina has been established (http://www.dcwa-nc.org). ○ The Association has a Board of Directors, By-Laws, and Mission Statement. ○ In January 2004 the Association received its Advance Ruling from the IRS to operate as a non-profit organization. ○ A major initiative of this organization will be to conduct an annual training institute for direct care workers—the first of these will be held in the fall of 2004 in Greenville and Charlotte. ○ The first quarterly newsletter of the Association will be published in June 2004. ○ A membership committee has been formed to develop and implement a membership campaign.
Timeframe	2001-2004
Contact Information	Susan Harmuth, NC Office of Long-Term Care, (919) 733-4534 or Susan.Harmuth@ncmail.net
Other Important Information	

Senior Farmers Market Nutrition Program	
Counties Impacted	Caldwell, Columbus, Franklin, Guilford, Halifax, Harnett, Haywood, Iredell, Lee, Northampton, Onslow, Pasquotank, Pitt, Robeson, Stokes, Wake, Watauga, and Yancey Counties
Brief Description	Congregate nutrition program participants are issued coupons for free fresh produce that they can redeem at their local farmers

	market. Dual goals of the program are to improve the nutritional status of older adults by increasing fruit and vegetable intake as well as to increase business for local farmers.
Timeframe	June 2004 – November 2004
Contact Information	Audrey Edmisten, NC Division of Aging and Adult Services (919) 733-0440 or Audrey.Edmisten@ncmail.net
Other Important Information	

SOS Nutrition Study	
Counties Impacted	Mecklenburg County
Brief Description	A clinical trial to examine the independent and joint benefits of medical nutrition therapy and therapeutic meals provided to seniors diagnosed with hyperlipidemia and/or hypertension.
Timeframe	October 2003 – May 2005
Contact Information	Kajal Patel, Mecklenburg County DSS, (704) 336-2432
Other Important Information	

Special Assistance In-Home Program	
Counties Impacted	Alamance, Ashe, Avery, Bertie, Bladen, Buncombe, Cabarrus, Caldwell, Camden, Caswell, Catawba, Chatham, Cleveland, Columbus, Craven, Currituck, Dare, Davidson, Durham, Forsyth, Franklin, Gaston, Graham, Guilford, Harnett, Haywood, Henderson, Hertford, Iredell, Johnston, Lee, Lenoir, Lincoln, Martin, Mecklenburg, Moore, New Hanover, Northampton, Onslow, Orange, Pamlico, Pasquotank, Pender, Pitt, Randolph, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Surry, Swain, Transylvania, Union, Wake, Warren, Watauga, Wayne, and Wilson
Brief Description	The SA In-Home Program provides financial assistance to elderly and disabled individuals who are at risk of placement in an adult care homes but who could live safely at home with appropriate services. This allows people the choice of a community setting and more control over managing daily lives. SA In-Home payments are available to a maximum of 800 people statewide and is available in 61 counties. Individuals must be Medicaid eligible and have income below the federal poverty level to qualify. A DSS Adult Services social worker completes a comprehensive assessment of needs and develops a service plan with the individual to determine what needs must be met to enable the individual to remain in the community.
Timeframe	2000-ongoing
Contact Information	Jackie Franklin, Division of Aging and Adult Services, (919) 733-3677 or Jackie.Franklin@ncmail.net

Other Important Information	
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SSA Benefits Planning, Assistance, and Outreach (BPAO)	
Counties Impacted	All 100 NC Counties
Brief Description	SSA Benefits Planning, Assistance, and Outreach (BPAO) is also known as the MEANS (Making Employment A New Success) project. This project provides free benefits planning, assistance, and outreach services to people with disabilities who receive Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or both and who are between the ages of 14 and 65. Trained benefits specialists work with individuals to understand the positive impact of work incentives on the achievement of self-sufficiency through employment.
Timeframe	Projects are funded through 2005 and will be re-bid for four years.
Contact Information	Anna Johnston, NC Division of Vocational Rehabilitation Services, (919) 855-3563 or Anna.Johnston@ncmail.net
Other Important Information	

Transportation Report information Project (TRIP) Team	
Counties Impacted	Currently negotiating with two counties in the northeast part of North Carolina. Final decision will be made by the counties as to whether they are interested in participating in June, 2004.
Brief Description	The TRIP Team was formed at the direction of the DHHS Secretary to identify the Department's transportation expenses and develop recommendations for uniform standards, policies, and reporting procedures for all DHHS program transportation services. It is made-up of representatives from all DHHS divisions/offices that provide client transportation services. In preparation for the final recommendations, the TRIP Team spent 12 months researching human service transportation issues at the federal, state, and local levels. TRIP Team goals included increasing the amount of coordination between human service agencies and transit systems, maximizing the use of existing resources and reducing duplication, developing and expanding community transportation resources, and identifying DHHS transportation costs.
Timeframe	TRIP Team was formed in late 2002.
Contact Information	Kathy McGehee, DHHS Transportation Program Administrator, (919) 733-4534 or Kathy.McGehee@ncmail.net
Other Important Information	Negotiations are currently being conducted with two counties in NE North Carolina in the hopes of implementing a transportation brokerage demonstration project.